

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOC.		
09/309,480	05/10/99	382	2721	P-2004		
APPLICANT: DANIEL S. RICE, OAKLAND, CA; YAJYUN WANG, SAN JOSE, CA.						
CONTINUING DOMESTIC DATA*** VERIFIED <i>CONTINUATION OF US PAT APP. 08/563,157^v ABN</i> 11-27-95						
371 (NAT'L STAGE) DATA*** VERIFIED <i>N/A</i>						
FOREIGN APPLICATIONS*** VERIFIED <i>N/A</i>						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/04/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Initials		<i>[Signature]</i> Initials	CA	10	64	8
ADDRESS: JAMES D IVEY 3025 TOTTERDELL STREET OAKLAND CA 94611-1742						
TITLE: TEXTURE MAPPING METHOD AND APPARATUS FOR COMPUTER IMPLEMENTED GRAPHICAL IMAGE PROCESSING						
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
\$2,072						



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Bib Data Sheet

CONFIRMATION NO. 7575

SERIAL NUMBER 09/309,480	FILING OR 371(c) DATE 05/10/1999 RULE	CLASS 345	GROUP ART UNIT 2671	ATTORNEY DOCKET NO. P-2004
APPLICANTS DANIEL S. RICE, OAKLAND, CA; YAJYUN WANG, SAN JOSE, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/04/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 64
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 8
ADDRESS B. NOEL KIVLIN CONLEY, ROSE & TAYON, P.C. P.O. BOX 398 AUSTIN, TX 78767-0398				
TITLE TEXTURE MAPPING METHOD AND APPARATUS FOR COMPUTER IMPLEMENTED GRAPHICAL IMAGE PROCESSING				
FILING FEE RECEIVED 2072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	